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SEP 20 2006

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7590

06/23/2006

LAURA C. HARGITT
General Motors Corporation
Mail Code 482-C23-B21
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Detroit, MI 48265-3000

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Patrice Uchno Leland	(Depositor's name)
Patrice Uchno Leland	(Signature)
September 20, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/828,595	04/21/2004	John J. Blewett	GP-303736	5557

TITLE OF INVENTION: DUST TESTING FACILITY FOR MOTOR VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/25/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NOLAND, THOMAS		2856	073-865600		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member, a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Laura C. Hargitt
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	01 FC:1501	1400.00 DA

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Motors Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Detroit, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0900 (enclose an extra copy of this form).

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Patrice Uchno Leland

Date 9/20/06

Typed or printed name

Patrice Uchno Leland

Registration No. _____

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